

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

ADDRESS (number and street)

PO Box 4184

Check if different
than previously
reported. (ACC)

New York

NY

10163

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

C00688655

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 01 2022

through

M M / D D / Y Y Y Y Y Y
04 30 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Brouillard, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Brouillard, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 20 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2022		6034107.86
(b) Cash on Hand at Beginning of Reporting Period.....	5466763.15	
(c) Total Receipts (from Line 19)	78138.70	719733.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5544901.85	6753840.94
7. Total Disbursements (from Line 31).....	309034.52	1517973.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5235867.33	5235867.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12638.52	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2022

To:

M M / D D / Y Y Y Y Y
04 / 30 / 2022

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

46533.20

222934.59

(ii) Unitemized

1605.50

8485.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

48138.70

231419.59

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

30000.00

30000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

78138.70

261419.59

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

458313.49

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

78138.70

719733.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

78138.70

719733.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	- 304512.48	564026.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 304512.48	564026.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	613497.00	613497.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	340400.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	309034.52	1517973.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	309034.52	1517973.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	78138.70	261419.59
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78088.70	261369.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	- 304512.48	564026.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	458313.49
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	- 304512.48	105713.12

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Everytown For Gun Safety Action Fund Inc

Mailing Address PO Box 4184

City
New York

State
NY

Zip Code
10163-4184

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170584.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2022

Transaction ID : 39250

Amount of Each Receipt this Period

46433.20

☐ Memo Item

* In-Kind: Staff Time & Overhead

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. James, Michael, , ,

Mailing Address 308 S 15Th St

City
Lewisburg

State
PA

Zip Code
17837-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bucknell University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2022

Transaction ID : 39233

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St
Ste 11

City
Cambridge

State
MA

Zip Code
02138-5106

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1695.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2022

Transaction ID : 39233E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

46533.20

46533.20

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PROTECT OUR FUTURE PAC

Mailing Address PO Box 97241

City
PhoenixState
AZZip Code
85060-7241FEC ID number of contributing
federal political committee.

C C00801514

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 39251

Amount of Each Receipt this Period

30000.00

☐ Memo Item

* In-Kind: In-kind Received: Polling

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30000.00

30000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. 50 Plus 1 STRATEGIES LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	2		

Mailing Address 1 Kaiser Plz
Ste 650City
OaklandState
CAZip Code
94612-3606Purpose of Disbursement
General Strategy Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001722

Amount of Each Disbursement this Period

18000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	2	2		

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001739

Amount of Each Disbursement this Period

5.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	2		

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001740

Amount of Each Disbursement this Period

10.18

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

18015.33

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001741

Amount of Each Disbursement this Period

9.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001742

Amount of Each Disbursement this Period

12.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address PO Box 441146

City
West SomervilleState
MAZip Code
02144-0031Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001743

Amount of Each Disbursement this Period

28.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 100 N Tryon St

City
CharlotteState
NCZip Code
28202-4000Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001724

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank Of America

Mailing Address 100 N Tryon St

City
CharlotteState
NCZip Code
28202-4000Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001725

Amount of Each Disbursement this Period

455.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank Of America

Mailing Address 100 N Tryon St

City
CharlotteState
NCZip Code
28202-4000Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : 500001726

Amount of Each Disbursement this Period

96.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

572.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Blue Wave Political Partners, LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		07		2022

Mailing Address 401 2Nd Ave S
Ste 303City
SeattleState
WAZip Code
98104-2862Purpose of Disbursement
Compliance Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001727

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brot Weinberg, Jackie, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		07		2022

Mailing Address 601 E 20Th St
Apt 10FCity
New YorkState
NYZip Code
10010-7636Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001720

Amount of Each Disbursement this Period

264.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capital Strategies

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		19		2022

Mailing Address 4712 Admiralty Way
670City
Marina Del ReyState
CAZip Code
90292-6905Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001728

Amount of Each Disbursement this Period

16219.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

20233.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Civis Analytics Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

Mailing Address 200 W Monroe St
Ste 2200City
ChicagoState
ILZip Code
60606-5070Purpose of Disbursement
Data Analytics Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001729

Amount of Each Disbursement this Period

1825.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Everytown For Gun Safety Action Fund Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	2	2		

Mailing Address PO Box 4184

City
New YorkState
NYZip Code
10163-4184Purpose of Disbursement
In-Kind Received: Staff Time & Overhead

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001717

Amount of Each Disbursement this Period

46433.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Geller Advisors

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

Mailing Address 909 3Rd Ave
FI 16HCity
New YorkState
NYZip Code
10022-4731Purpose of Disbursement
Finance & Accounting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001730

Amount of Each Disbursement this Period

6855.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55114.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. GRSG Company

Mailing Address 5922 Excelsior Blvd

City
MinneapolisState
MNZip Code
55416-2811Purpose of Disbursement
Canvassing: IE Paid 3/18/22; See Schedule E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001706**

Amount of Each Disbursement this Period

- 92900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRSG Company

Mailing Address 5922 Excelsior Blvd

City
MinneapolisState
MNZip Code
55416-2811Purpose of Disbursement
Pre-Payment for Canvassing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001731**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marathon Strategies LLCMailing Address 38 E 29Th St
FI 4City
New YorkState
NYZip Code
10016-7911Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001732**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 32900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Merkle Response Services, Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

Mailing Address 100 Jamison Ct

City
HagerstownState
MDZip Code
21740-5185Purpose of Disbursement
Mail Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : 500001733

Amount of Each Disbursement this Period

566.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	2	2		

Mailing Address 624 Hebron Ave
Ste 200City
GlastonburyState
CTZip Code
06033-5006Purpose of Disbursement
Canvassing Literature: IE Paid 3/31/22; See Schedule E

004

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : 500001708

Amount of Each Disbursement this Period

- 6220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP Van Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

Mailing Address 1445 New York Ave NW
Ste 200City
WashingtonState
DCZip Code
20005-2158Purpose of Disbursement
Software Rental

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : 500001734

Amount of Each Disbursement this Period

2819.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 2834.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. O'Brien Garrett

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	2		

Mailing Address 1200 G St NW
Ste 700City
WashingtonState
DCZip Code
20005-6703Purpose of Disbursement
Direct Mail Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001735

Amount of Each Disbursement this Period

1846.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Presta, Lisa, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	2		

Mailing Address 163 Forest Side Ave

City
San FranciscoState
CAZip Code
94127-1315Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Transaction ID : 500001721

Amount of Each Disbursement this Period

778.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROTECT OUR FUTURE PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	2	2		

Mailing Address PO Box 97241

City
PhoenixState
AZZip Code
85060-7241Purpose of Disbursement
In-kind Received: Polling

005

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00801514

Transaction ID : 500001745

Amount of Each Disbursement this Period

30000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

32624.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Sea Change Strategies LLC

Mailing Address 7409 Birch Ave

City
Takoma ParkState
MDZip Code
20912-4253Purpose of Disbursement
Fundraising Consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001737**

Amount of Each Disbursement this Period

2100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Venable LLPMailing Address 750 E Pratt St
Ste 900City
BaltimoreState
MDZip Code
21202-3157Purpose of Disbursement
Legal Consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001738**

Amount of Each Disbursement this Period

7412.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Waterfront StrategiesMailing Address 3050 K St NW
Ste 100City
WashingtonState
DCZip Code
20007-5161Purpose of Disbursement
Digital Advertising Buy: IE Paid 3/22/22; See Schedule E

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	2	2		

FEC Identification Number

C**Transaction ID : 500001713**

Amount of Each Disbursement this Period

- 120000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 110487.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. Waterfront Strategies

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2022

Mailing Address 3050 K St NW
Ste 100City
WashingtonState
DCZip Code
20007-5161Purpose of Disbursement
Digital Advertising Production: IE Paid 3/22/22; See Schedule E

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

FEC Identification Number

C Transaction ID : 500001714

Amount of Each Disbursement this Period

- 30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Waterfront Strategies

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2022

Mailing Address 3050 K St NW
Ste 100City
WashingtonState
DCZip Code
20007-5161Purpose of Disbursement
Radio Advertising Buy: IE Paid 3/22/22; See Schedule E

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

FEC Identification Number

C Transaction ID : 500001715

Amount of Each Disbursement this Period

- 247950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Waterfront Strategies

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2022

Mailing Address 3050 K St NW
Ste 100City
WashingtonState
DCZip Code
20007-5161Purpose of Disbursement
Radio Advertising Production: IE Paid 3/22/22; See Schedule E

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

FEC Identification Number

C Transaction ID : 500001716

Amount of Each Disbursement this Period

- 7000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 284950.00

- 304562.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name (Last, First, Middle Initial)

A. BLACKPAC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		19		2022

Mailing Address 1032 15Th St NW
Ste 247City
WashingtonState
DCZip Code
20005-1502Purpose of Disbursement
In-Kind Made: Polling

011

Category/
Type

Candidate Name

BLACKPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00609388

Transaction ID : 500001718

Amount of Each Disbursement this Period

22250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blue Wave Political Partners, LLCNature of Debt (Purpose):
Compliance ConsultingMailing Address 401 2Nd Ave S
Ste 303City
SeattleState
WAZip Code
98104-2862

Outstanding Balance Beginning This Period

3750.00

Transaction ID : 1250000092

Amount Incurred This Period

0.00

Payment This Period

3750.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blue Wave Political Partners, LLCNature of Debt (Purpose):
Compliance ConsultingMailing Address 401 2Nd Ave S
Ste 303City
SeattleState
WAZip Code
98104-2862

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000094

Amount Incurred This Period

3750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Geller AdvisorsNature of Debt (Purpose):
Finance & Accounting ServicesMailing Address 909 3Rd Ave
Fl 16HCity
New YorkState
NYZip Code
10022-4731

Outstanding Balance Beginning This Period

6855.10

Transaction ID : 1250000090

Amount Incurred This Period

0.00

Payment This Period

6855.10

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Geller Advisors

Nature of Debt (Purpose):

Finance & Accounting Services

Mailing Address 909 3Rd Ave
FI 16HCity
New YorkState
NYZip Code
10022-4731

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000097

Amount Incurred This Period

5460.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

5460.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Merkle Response Services, Inc

Nature of Debt (Purpose):

Mail Processing Fee

Mailing Address 100 Jamison Ct

City
HagerstownState
MDZip Code
21740-5185

Outstanding Balance Beginning This Period

566.19

Transaction ID : 1250000091

Amount Incurred This Period

0.00

Payment This Period

566.19

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Merkle Response Services, Inc

Nature of Debt (Purpose):

Mail Processing Fee

Mailing Address 100 Jamison Ct

City
HagerstownState
MDZip Code
21740-5185

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000096

Amount Incurred This Period

550.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.38

1) **SUBTOTALS** This Period This Page (optional)..... ►

6010.52

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Presta, Lisa, , ,Nature of Debt (Purpose):
Fundraising Consulting

Mailing Address 163 Forest Side Ave

City

San Francisco

State

CA

Zip Code

94127-1315

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000095

Amount Incurred This Period

778.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

778.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sea Change Strategies LLCNature of Debt (Purpose):
Fundraising Consulting

Mailing Address 7409 Birch Ave

City

Takoma Park

State

MD

Zip Code

20912-4253

Outstanding Balance Beginning This Period

2100.00

Transaction ID : 1250000089

Amount Incurred This Period

0.00

Payment This Period

2100.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sea Change Strategies LLCNature of Debt (Purpose):
Fundraising Consulting

Mailing Address 7409 Birch Ave

City

Takoma Park

State

MD

Zip Code

20912-4253

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000093

Amount Incurred This Period

2100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2878.00

2) **TOTALS** This Period (last page this line number only)..... ►

12638.52

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

12638.52

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00688655 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>			
Full Name of Payee <input type="checkbox"/> Memo Item GRSG Company Reported as Estimate of 96,937.00 on 4/4/22 48-Hour Report		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 5922 Excelsior Blvd		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">92900.00</div>	
City Minneapolis	State MN	Zip Code 55416-2811	Transaction ID : 500001642 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Canvassing: See Schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">614997.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Mission Control		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 624 Hebron Ave Ste 200		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6220.00</div>	
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : 500001643 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Canvassing Literature: See Schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">614997.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">99120.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Brouillard, Michael, ,		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]		05 / 20 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00688655 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Mission Control			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 624 Hebron Ave Ste 200			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City State Zip Code Glastonbury CT 06033-5006		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26667.80</div>			
Purpose of Expenditure Mailer Production and Postage		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Transaction ID : 500001650 Date of Disbursement or Obligation	
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">614997.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mission Control			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 624 Hebron Ave Ste 200			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City State Zip Code Glastonbury CT 06033-5006		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26726.80</div>			
Purpose of Expenditure Mailer Production and Postage		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Transaction ID : 500001689 Date of Disbursement or Obligation	
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">614997.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">53394.60</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Brouillard, Michael, , ,</u> [Electronically Filed]				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00688655 </div>
--	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee Mission Control			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 624 Hebron Ave Ste 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28075.20</div>		
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : 500001690 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production and Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">614997.00</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		

Full Name of Payee Mission Control			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 624 Hebron Ave Ste 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27957.20</div>		
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : 500001691 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production and Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">614997.00</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	56032.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brouillard, Michael, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00688655 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item The Spoken Hub, LLC *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address PO Box 615			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>		
City Manhasset	State NY	Zip Code 11030-0615	Transaction ID : 500001746 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Phone Minutes (Estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">614997.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120000.00</div>		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : 500001646 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Digital Advertising Buy: See Schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">614997.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">120000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Brouillard, Michael, ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : 500001746

Independent expenditure previously reported on 48-Hour Report filed on 4/22/2022. Vendor information has been updated on May 2022 Monthly Report. Pre-payment of expense disclosed on September 2021 Report - adjustment to Schedule B will be indicated on June 2022 Monthly Report.

Form/Schedule:
Transaction ID:

New report

Amends report filed on

Date of Public Distribution/Dissemination

04 / 06 / 2022

Amount

30000.00

Transaction ID : 500001647Date of Disbursement or Obligation

Category/ Type	004
-------------------	-----

Office Sought: ☒ House District: 07
☐ President ☐ Senate State: GA

Disbursement For: ☒ Primary ☐ General
2022 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

04 / 06 / 2022

Amount

247950.00

Transaction ID : 500001648Date of Disbursement or Obligation

Category/ Type	004
-------------------	-----

Office Sought: ☒ House District: 07
☐ President ☐ Senate State: GA

Disbursement For: ☒ Primary ☐ General
2022 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	277950.00
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(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶

(c) **TOTAL** Independent Expenditures

Brouillard, Michael, , ,

Date _____

MM / DD / YYYY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00688655 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 04 / 06 / 2022 </div>						
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7000.00 </div>		Transaction ID : 500001649 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>						
City Washington		State DC	Zip Code 20007-5161		Purpose of Expenditure Radio Advertising Production: See Schedule B						
Name of Federal Candidate: MCBATH, LUCIA, KAY, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 07 State: GA						
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 614997.00 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						
Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>						
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7000.00 </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>						
City		State	Zip Code		Purpose of Expenditure						
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 614997.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶						
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">7000.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">7000.00</td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">613497.00</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	7000.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	7000.00	(c) TOTAL Independent Expenditures	613497.00
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(b) SUBTOTAL of Unitemized Independent Expenditures.....	7000.00										
(c) TOTAL Independent Expenditures	613497.00										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature Brouillard, Michael, ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 05 / 20 / 2022 </div>		[Electronically Filed]						